

MEMORANDUM

TO: School Superintendents

FROM: Clarissa Snapp, Director
Indiana School Safety Specialist Academy

DATE: June 13, 2003

RE: **New** School Safety Specialists 2003-2004 (**BASIC Training**)

Please submit the name of personnel who will attend the *Indiana School Safety Specialist Academy* **Basic** trainings from your school corporation. Please do so on the attached form. The superintendent's signature is required for verification.

Each school corporation may send additional personnel for training and certification, even if they do not hold the title of "designated" school safety specialist. Those attending the Academy trainings will be required to attend three days of on-site training and complete an on-line program, *Safe Schools Healthy Kids 2* in order to receive certification.

It is imperative that everyone registering for this training be able to attend the required days and complete the required on-line program. The training and on-line program are free to the school districts, however, the Department of Education incurs substantial expenses when participants do not finish for reasons other than family or personal emergencies. Graduate credit through IUPUI, Law Enforcement hours, and CRU's will be available for all personnel attending. Last year over 110 additional school safety specialists were certified in Indiana. The Academy has trained over 800 school personnel in school safety best practices since the Academy began in December, 1999.

The Advisory Council of the *Indiana School Safety Specialist Academy* and the Indiana Department of Education require that those receiving training be *full-time employees* of the school corporation they represent. Each school employee attending this training should be an *administrative-level employee* in your school corporation with the effective *skills necessary to facilitate the training of all school employees in school safety planning*. Those attending will receive training and be expected to provide a *leadership role* in conducting a needs assessment for physical security and policies and procedures for emergency preparedness.

Attendance on **November 18 and 19, 2003**, and **April 21, 2004**, is mandatory for all **NEW** "designated" or additional personnel receiving training. At the basic orientation on **November 18-19, 2003**, the prospective specialists will receive computer software and instructions on how to utilize this on-line training component.

The orientation for all those attending will be **November 18 and 19, 2003**, at the Indianapolis Sheraton Hotel & Suites. Also included in this mailing is a Fast Response Form indicating registration and meal needs for that date. We provide continental breakfast and lunch to all participants and lodging for those who will drive over 50 miles to the Sheraton. If you wish a room the evening before any session, please complete the enclosed rooming form and return directly to the Sheraton. Do **not** send this form to us.

The new school safety specialists who receive training during the current 2003-2004 school year will be required to attend two days of advanced training during subsequent years in order to maintain their certification.

The attached forms must be returned to Clarissa Snapp, **no later than August 1, 2003.** If you have any questions, please contact me at 317-234-0326 or csnapp@doe.state.in.us. Please visit our website at www.doe.state.in.us/isssa for school safety information.

Also included in this mailing is a brochure further explaining the training provided by the *Indiana School Safety Specialist Academy*.

Enclosures
Brochure

**Indiana School Safety Specialist Academy
Information Sheet
2003-2004**

This form must be signed by the school superintendent.

School Corporation _____

County _____

Signature of Superintendent verifying approval of the employees listed on this information sheet: _____

Please print name above: _____
(Date) _____

Names of full-time employees requesting Basic Training during the 2003-2004 school year:

(Mr. Mrs. Ms. Dr.) Circle one Name _____

Title: _____

District or School Building Name: _____

Office Address: _____

_____, _____
(city) (Zipcode)

E-Mail: _____

Phone: _____ FAX: _____

If this person replaces the “designated” school safety specialist (IC 5-2-10.1-9) for your corporation, please provide the following information:

This person replaces: _____ who left our school

*corporation for employment at _____
(if information is available)*

**Please use the back of this form to indicate ADDITIONAL personnel wishing to receive training.
(Do not include names of specialists who have received Basic Training and wish to continue.)**

